

APPLICATION FOR EMPLOYMENT

For use on all applications from August 2017



PLEASE COMPLETE THIS FORM CLEARLY IN INK, IN YOUR OWN HANDWRITING

Application for the post of _____ Location _____

How did you hear about this vacancy? _____

Have you ever applied to us before, if YES when? _____ **Office use Candidate No.** _____

PERSONAL

TITLE (Mr/Mrs/Miss/Ms) _____ SURNAME _____

FORENAMES _____

ADDRESS _____

_____ POSTCODE _____

TEL NO: (Home) _____ MOBILE No. _____

DATE OF BIRTH ____/____/____ EMAIL _____

Do you hold a current driving licence? **CAR** ☐ YES ☐ NO **PCV** ☐ YES ☐ NO

If YES, please specify type (B, B1, C, D, D1, etc) _____ **Manual / Auto**
(Delete as appropriate)

How much driving experience do you have? _____ (years) _____ (months)

Do you have your own transport? ☐ YES ☐ NO

Is your licence free from endorsement (points)? ☐ YES ☐ NO

(If NO, please give details) _____

Shift working will be required for certain posts. Are you happy to work shifts? ☐ YES ☐ NO

Are you related in any way to an existing employee of McGill's? ☐ YES ☐ NO

If YES, please state Name: _____

Relationship: _____ Location: _____

Have you ever worked for McGill's before, either temporarily or permanently? ☐ YES ☐ NO

If YES, from: _____ to: _____ Staff number (if known) _____

IMMIGRATION AND ASYLUM ACT 1996 - IN ACCORDANCE WITH SECTION 8 OF THE IMMIGRATION AND ASYLUM ACT 1996 IT IS A CRIMINAL OFFENCE TO EMPLOY SOMEONE WHO IS SUBJECT TO IMMIGRATION CONTROL AND DOES NOT HAVE THE RIGHT TO WORK IN THE UK.

DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? ☐ YES ☐ NO

If NO, please provide your National Insurance No.

National Insurance No.									
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Are there any dates or times when you would be unavailable to attend an interview?

This form should be returned to:

McGill's
Personnel Department
1 Cochranemill Road
Johnstone PA5 8PY

Or email to: recruitment@mcgillsbuses.co.uk

PRESENT OR MOST RECENT EMPLOYMENT (if applicable)

Name of Employer: _____

Address: _____

Postcode: _____ Tel. No.: _____

Present or Most Recent Post: _____

Date Appointed to Present Post: _____ Date of Leaving: _____

Reason for Leaving: _____

Current Salary: _____ Period of Notice: _____

Brief Description of Duties and Responsibilities: _____

PREVIOUS EMPLOYMENT

Positions should be listed in date order with the most recent first. You should account for any gaps in employment (subject to the provisions relating to disclosure under the Rehabilitation of Offenders Act 1974). Students should state any part-time or holiday jobs.

Name and Address of Employer	Job Title Duties and Responsibilities	Dates		Salary upon Leaving	Reason for Leaving
		From	To		

EDUCATION AND TRAINING – McGill’s may verify qualifications stated

Name and addresses of Secondary School	Date from	Date to	Examination and Results

College/University attended	Date from	Date to	Courses and Results

Please give details of any other courses attended, including professional memberships and qualifications

MEDICAL

If you are not applying for a role which involves driving you need not answer the following questions.

Do you or have you suffered from any health problems and/or conditions, which could have an impact on your ability to drive and/or hold a PCV licence?

☐

YES

☐

NO

If YES, please provide details _____

In particular, is there any health problem and/or medical condition that has or may cause you to lose consciousness or concentration whilst driving?

☐

YES

☐

NO

If YES, please provide details _____

If your application is successful, you may be required to have a pre-employment medical examination during which you will be tested in accordance with our Drugs and Alcohol policy.

ADDITIONAL INFORMATION

Do you have any cash handling experience

☐

YES

☐

NO

If YES, please provide details of this experience _____

Do you believe you can handle a difficult situation with tact? _____

If you are offered this position, will you continue to work in any other capacity? _____

Please state briefly why you are applying for this position. Describe how you consider your past experience may be helpful to you in your application. You may wish to include previous unpaid experience. eg domestic duties, voluntary activities and any leisure interests.

Please continue on a separate sheet if necessary

MISCELLANEOUS

CONVICTIONS AND LEGAL PROCEEDINGS IF ANY, INCLUDING MOTORING OFFENCES

Ex-offenders will be considered for employment on their merit. Convictions are only taken into account if they are related to the post being applied for. Please enter the details of any court or court martial conviction - giving date of conviction, sentence and brief details of the background to the offence. If you have no convictions please write NONE.

REHABILITATION OF OFFENDERS ACT

You need not enter any details of any offence(s) which are spent under the terms of the Rehabilitation of Offenders Act 1974. If you are uncertain whether your offences are spent or not please contact your local Citizens Advice Bureau for confidential advice.

Any false statement will disqualify you from your employment or, if discovered after employment has commenced, will render you liable for instant dismissal.

DATE	NATURE OF OFFENCE OR ATTACHMENT OF EARNINGS ORDER	SENTENCE OR COURT ORDER WITH COSTS

REFERENCES

Please give the name of THREE people (not relations) that we could approach for a reference. TWO referees should be former employers (where possible). ONE reference must be from a Personal referee.

1. Current/most recent employer*	2. Previous employer	3. Personal referee
Name: _____	Name: _____	Name: _____
Position: _____	Position: _____	Position: _____
Business Address: _____	Business Address: _____	Business Address: _____
_____	_____	_____
_____	_____	_____
Tel: _____	Tel: _____	Tel: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____

*Please delete as appropriate

DECLARATION

In accordance with the Data Protection Act 1998 we are unable to collect and process the data on this form without your explicit consent. If you are happy to provide the above information please confirm your consent by signing the form below.

I declare that the information given on this form is correct to the best of my knowledge and belief. I understand that the contents will form part of any contract of employment agreed with McGill's and that any false statement may disqualify me from employment or if employed, dismissal. I understand that the information I have provided on this form on my ethnic origins, criminal convictions and medical history is required by law for monitoring purposes only. I give my express consent for this information to be retained by McGill's.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Interview Date/Time: _____ Date of Medical: _____

Rejected (Reason): _____

Interviewed by: _____ Accepted (Start Date): _____

MCGILL'S EQUAL OPPORTUNITIES POLICY

For office use: Candidate No. _____

"As an equal opportunities employer, we welcome applications from people in every part of the community."

McGill's aim to ensure that we attract, recruit and develop the best available people irrespective of their race, colour, ethnic or national origins, sex, marital status, disability, gender, age, nationality, sexual orientation, gender re-assignment, religion, creed or trade union membership.

Please complete this slip and return with your application form. When we receive your completed form, this tear off slip will be removed.

It is not used in any way as part of the selection process.

ETHNIC ORIGIN (see explanatory notes below)

I would describe my ethnic origin as (please tick one box only)

White European ☐

Asian ☐

Black African ☐

White Other ☐

Black Caribbean ☐

Black Other ☐

If you do not feel that the above groups apply to you please tick this box and specify how you classify yourself.

Other ☐ _____

Explanatory notes on ethnic origin

Ethnic origin questions are not about nationality or citizenship. They are about colour and broad racial groups - **UK residents can therefore belong to any of the groups listed below:-**

White European

If you or past generations of your family were born in European Countries (including the UK) and you consider yourself to be white.

White Other

If you or past generations of your family were born in countries not included above, but you consider yourself to be white.

Asian

If you or past generations of your family were born in Asia (including the Far East).

Black Caribbean

If you or past generations of your family were born in the Caribbean and you consider yourself to be black.

Black African

If you or past generations of your family were born in Africa and you consider yourself to be black.

Black Other

If you or past generations of your family were born in countries not included above, and you consider yourself to be black.

Other

People who do not feel happy with any of the above groupings or consider themselves to be of mixed race.

MCGILL'S EQUAL OPPORTUNITIES POLICY (continued)

SEX

I am

☐

Male

☐

Female

Health and Disability

Do you have a health problem or disability which is relevant to your job application?

☐

YES

☐

NO

If YES, do you have any special requirements if you are asked to attend an interview?

☐

YES

☐

NO

If YES, please give details_____

If you have a health problem or disability which is relevant to the job application, could an adjustment be made to assist you in the workplace?

☐

YES

☐

NO

If YES, please give details_____

Definition of Disability

The Equality Act 2010 defines disability as a “physical or mental impairment which has a substantial and long term adverse effect to carry out normal day-to-day activities.”

Long-term is defined as having lasted or likely to last at least 12 months or for the rest of the life of the person affected.

Day-to-day activities are normal activities carried out by most people on a regular basis and will entail at least 1 of 8 broad categories, eg manual dexterity, the ability to lift, carry and move ordinary objects.

People with severe disfigurements are covered by the Act; people with progressive conditions eg multiple sclerosis are covered when the condition leads to an impairment which begins to have some effect on their ability to carry out normal day-to-day activities. People already registered under the Disability Persons Act 1944 are also covered.

Some conditions are excluded eg addiction to or dependency to alcohol, seasonal allergic reactions and sight impairment corrected by glasses.

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